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COUNTRY PROGRAMME RECOMMENDATION**

Senegal

Addendum

SUMMARY

This addendum to the country programme note presented to the Executive Board at its first regular session of 1996 contains the final country programme recommendation for approval by the Board.

The Executive Director recommends that the Executive Board approve the country programme of Senegal for the period 1997-2001 in the amount of $5,080,000 from general resources, subject to the availability of funds, and $30,764,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* E/ICEF/1996/18.

** The original strategy note showed only indicative figures for estimated programme cooperation. The figures contained in the present addendum are final and take into account unspent balances of programme cooperation at the end of the financial year 1995. The latter will be shown in the summary of commitments recommended in 1996 for general funding and supplementary funding programmes (E/ICEF/1996/P/L.43 and Add.2).

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THE SITUATION OF WOMEN AND CHILDREN

1. Since becoming independent in 1960, Senegal has had a democratic and politically stable system, but has experienced a difficult economic situation characterized by a weak growth rate, a sizable debt, very high unemployment and considerable poverty. Faced with these economic problems, vulnerable groups are the worst affected by poverty and the lack of basic services. However, the country has made a strong commitment to children in seeking to achieve intermediate objectives and the goals of the World Summit for Children for the decade, after having ratified the Convention on the Rights of the Child (and submitted its initial report to the Committee on the Rights of the Child) and elaborated a national programme of action (NPA) for children. However, the devaluation of the CFA franc in 1994 has further aggravated the problems of vulnerable groups.

2. The infant mortality rate (IMR) dropped from 120 per 1,000 live births in 1975 to 86 in 1988 and 80 in 1994, and the under-five mortality rate (U5MR) dropped from 287 per 1,000 live births in 1975 to 191 in 1988 and 115 in 1994. Malaria is the main cause of child mortality, followed by diarrhoeal diseases and acute respiratory infections (ARIs). It is estimated that 22 per cent of children under five suffer from severe or moderate malnutrition (25 per cent in rural areas compared with 15 per cent in urban areas). The maternal mortality rate (MMR) remains worrying, even though the figure of 510 per 100,000 recorded in the 1992 demographic survey is lower than the estimate of the World Health Organization (WHO).

3. The use of oral rehydration therapy (ORT) is still not widespread (18 per cent). Rates of immunization coverage vary according to the antigens, from 90 per cent in the case of tuberculosis to 39 per cent for the anti-tetanus vaccine, according to government sources in 1995. These largely positive results have been obtained through an exceptional effort on the part of the Senegalese authorities, supported by UNICEF. AIDS is on the increase, with 1,541 confirmed cases as of June 1995. A national committee to combat AIDS has been in existence since 1990. Nevertheless, a great deal remains to be done to raise the awareness of the public, which is still generally oblivious to the gravity of the problem; this lack of awareness is compounded by a number of cultural and religious factors and traditional beliefs which are not conducive to the kind of action needed to change behaviour patterns.

4. Despite legal provisions granting them the same rights as men, women are still subject to constraints due to social, cultural and traditional attitudes. Lack of information and illiteracy are two of the most significant problems which affect them.

5. Government statistics show that, in urban areas in 1995, 54 per cent of households had a house connection for water (compared with 30 per cent in 1988), 30 per cent used public stand posts (compared with 35 per cent in 1988), and 16 per cent used other water sources that were frequently polluted (compared with 35 per cent in 1990). In rural areas, only 28 per cent of households have access to clean water (compared with 26 per cent in 1990). As far as hygiene and the environment are concerned, the lack of education and information among a

large section of the population, in addition to old customs, makes it difficult to improve hygiene and protect the environment. Bilharziasis, which was unheard of several years ago, is becoming increasingly widespread in some districts along the Senegal River.

6. The primary education enrolment rate, according to statistics from the Ministry of Education, rose from 27 per cent in 1960 to 57 per cent in 1989, falling back to 55 per cent in 1995; girls accounted for 49 per cent of the school population. The Government assigns high priority to literacy instruction and the teaching of national languages. Thus, starting in 1995, some 1,200 "volunteers for education" are to be recruited annually until 1998, an awareness-raising campaign designed to enrol girls in schools has been initiated, and a special effort is being made to ensure the availability of classrooms, tables with benches and school equipment.

7. The Government pursues a decentralization policy on behalf of local communities through their local elected representatives, and a law has recently been promulgated allowing greater devolution of administration to the regional level. Community participation is therefore steadily increasing. However, the success of this decentralization effort is impeded in particular by the high illiteracy rate of the population.

8. Mainly as a result of poverty, it is estimated that the circumstances of 180,000 children, especially boys, are particularly difficult: working children (for example housemaids), street children and talabah (Koranic students), who depend on begging to survive. Despite the lack of statistics, it is estimated that the talabah constitute the largest of these categories (approximately 100,000). These children are often abandoned by their parents who hand them over to marabouts (religious teachers), who compel them to beg. A slight improvement in their circumstances has been noted since a special project targeting them was set up in 1992.

PROGRAMME COOPERATION, 1992-1996

9. As part of the national programme of action for children, the aim of the country programme was to help ensure the survival, protection and development of women and children and to improve their living conditions and well-being.

10. The health and nutrition programme helped to: (a) increase the national immunization coverage rate to 80 per cent for all antigens (despite considerable difficulties in the past in sustaining this level); (b) implement the Bamako Initiative strategies in 90 per cent of the health posts; (c) ensure virtually complete financial autonomy for health post operations; (d) establish in all regions a system to promote ORT and breast-feeding, with the support of community development structures, in particular, women's groups; (e) arrange salt iodization by three major and nine small producers and the distribution of iodized salt in endemic areas; and (f) enhance awareness among population groups (in particular, young people) of the problems of AIDS.

11. The water supply and sanitation programme contributed to a reduction in the incidence of water-borne diseases using simple and low-cost technologies, and

helped improve access to water, sanitation and hygiene and protect the environment. In rural areas, 87 water points (16 drilled wells, 37 dug wells and 32 renovated wells) were installed and management committees were established or reactivated wherever water points were situated. Some 381 latrines were built. In urban areas, 250 house connections and 25 community stand posts were installed. Approximately 2,230 latrines and 21 public conveniences were built, and towns were provided with sanitation equipment for household-refuse collection and storage systems. The number of cases of dracunculiasis dropped sharply between 1991 (1,341), before the project began, and late 1995 (76). The number of villages where disease is endemic dropped from 164 in 1991 to 15. In 1994, the "Sahelian initiative" project made it possible to protect the environment in two village communities.

12. The education programme focused on reforming old educational models and developing new methods as a way of achieving basic education for all. Financing was provided to some 60 pilot schools (with 30,000 students) for school projects, school supplies and teacher training, along with improved school-environment units, student cooperatives and the like. The campaign to encourage the education of girls (in which the head of State and his wife participated) resulted in an increase in the number of girls enrolled in first-year classes from 42 per cent to 49 per cent. In the alternative system, six experimental classes were introduced (with equal numbers of girls and boys), in which two national languages (Pulaar and Wolof) are used during the first two years of instruction.

13. The programme for children in especially difficult circumstances sought to improve the living conditions and instruction of 5,000 talabah in urban areas and 15,000 others in rural areas, and to obtain more data on children in difficult circumstances in general. Despite initial difficulties arising from cultural and traditional factors, the programme has brought about a genuine breakthrough in this field. Approximately 18,000 talabah in 60 daaras have benefitted from programme activities. Through the establishment of 60 support committees, the programme was able to involve many people in caring for the talabah, thus ensuring that the activities will continue over time. The population, particularly young people, women and religious leaders, have reacted to the information and social mobilization efforts in an increasingly positive manner. Studies and research conducted have produced reliable data.

14. The advocacy for children programme endeavoured to reinforce the nation's information and communication capacity. By relying on traditions and the cultural approach, the programme succeeded in better informing and enhancing the awareness of decision makers, communicators, community associations and children themselves with regard to the Convention on the Rights of the Child. The impact study on knowledge of the Convention showed that population groups are supportive of efforts to protect children's rights, although much remains to be done to bring about lasting changes in behaviour. The increasing involvement of women's groups in carrying out various activities should also be underscored.

15. The planning, follow-up and evaluation programme was intended to set up systems that would lead to better planning, follow-up and evaluation of programmes for children and women. After an initial lack of financing, the programme sought to establish a system of monitoring sites. However, only one

survey was conducted under the system, which proved to be too cumbersome. The programme supported several studies and evaluations and also assisted other sectoral programmes with planning and follow-up.

Lessons learned

16. A mid-term review in October 1994 concluded that the programme had contributed significantly to the achievement of the Government's objectives. The following major shortcomings were identified: (a) behaviour and attitudes still change slowly; (b) follow-up and supervision remain inadequate; (c) training must still be improved; (d) greater synergy among sectoral programmes is required; and (e) the various infrastructures (health, water, education, etc.) are insufficient.

17. The gains made should be consolidated under the new programme by: (a) retaining all the objectives of the preceding programme; (b) maintaining political commitment at the highest State level; (c) strengthening community participation at all stages of the management of activities; (d) continuing to strengthen national capacities; and (e) maintaining the involvement of the media and person-to-person communication.

18. The new programme should: (a) more clearly define, clarify and quantify certain objectives in the fields of social mobilization, training, monitoring and follow-up of activities; (b) disseminate the results of studies and evaluations more widely (in particular among decision makers and within communities) and take them into account in programme formulation; (c) ensure the more effective implementation of legislation concerning children; (d) strengthen the participation of non-governmental organizations (NGOs); (e) include environmental issues as a programme component; (f) systematically mainstream women's issues; (g) further rationalize the selection of the areas for intervention to achieve greater synergy; and (h) design and implement an integrated follow-up and evaluation plan.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001 a/

General resources: $5,080,000
Supplementary funds: $30,764,000

Recommended programme cooperation

(Thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	1 666	9 805	11 471
Water and sanitation	815	8 714	9 529
Education	795	6 122	6 917
Children in difficult circumstances	616	2 805	3 421
Advocacy	262	1 977	2 239
Planning, follow-up and evaluation	421	1 341	1 762
Programme support	505	-	505
Total	5 080	30 764	35 844

a/ The breakdown for estimated yearly expenditures is given in table 3.

Programme goals and objectives

19. The programme is consonant with the Government's priorities, in particular, the objectives of the NPA, which it will help attain directly or indirectly. It is based on the recommendations of the World Summit for Children, the provisions of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and the national anti-poverty programme and is part of the United Nations System-wide Special Initiative for Africa. The programme will also be included in the country strategy note once the note has been finalized. It is designed to tackle the most basic problems. However, certain other problems (relating to birth spacing, onchocerciasis and orphans) will not be dealt with directly; either those problems have been adequately addressed by other participants, or sufficient resources are not available to tackle them.

20. It should be noted that the areas for intervention under the preceding programme have been retained, at times with a new focus (in particular, to meet the needs of women) and with emphases on certain components. In addition, the lessons learned and the conclusions of the mid-term review, as well as other

factors, were taken into consideration. The programme was elaborated in close consultations between the Government and UNICEF, with the participation of other United Nations agencies, non-governmental organizations and bilateral partners. A special meeting was convened to inform the donors and the members of the Executive Board with representatives in Dakar and involve them in the preparation of the programme.

21. Although the programmes and projects are based on a sectoral approach, they will be mutually reinforcing, mainly by virtue of the choice of areas for intervention and through cross-sector activities, including monitoring and evaluation, communication and social mobilization, and the development of girls and women.

22. The overall purpose of the programme is to help to ensure the survival, welfare and development of children and women, and improve their living conditions and well-being. The principal objectives are, before the year 2001, to contribute to: (a) reducing IMR and U5MR by one third; (b) halving MMR; (c) reducing cases of child malnutrition by 50 per cent; (d) facilitating the access of the population to drinking water and sanitation systems; (e) reducing the incidence of water-borne diseases; (f) improving basic education; (g) improving the welfare of children (above all those in difficult situations); (h) changing harmful behaviour and attitudes; (i) combating poverty; and (j) improving the data bank on the situation of children and women.

23. The programme will be implemented through the following main strategies: (a) the delivery of services, including, in particular, the provision of supplies, materials and equipment, and logistic support, particularly in terms of computer equipment; (b) capacity-building in order to match the level of social services to the demand from communities, in particular through technical or practical training, improving the data bank on the situation of children and women, enhancing capabilities for the planning, monitoring and evaluation of social programmes and services and their supervisory capability; (c) empowerment through effective grass-roots participation (particularly among women and young people) at all levels of the development process (planning, funding, implementation, management, monitoring and evaluation); and (d) advocacy, with a view to informing and enhancing the awareness of decision makers, shapers of public opinion and the general public (through the modern and the traditional media) concerning all aspects of the cause of children and women. While efforts will continue to strike a balance between these four main strategies, the emphasis given to each of them and the way in which they are combined will be determined by the particular objectives of the programmes. National capacity-building and empowerment through grass-roots participation will play a major part in stressing the sustainability of advances made, and an effort will be made to reduce the level of support for the delivery of services.

24. The following complementary strategies will also be used: (a) balanced geographical coverage (national coverage for certain interventions such as the expanded programme of immunization and formal education, or local coverage, for example for water/sanitation, the environment and so forth), through the selection of "zones of concentration" on the basis of specific criteria: urgency of problems, impact, volume, cost-benefit ratio, relationships/synergy between sectoral programmes, poverty rates; (b) support for decentralization

while seeking a better balance between the central, intermediate and peripheral levels; (c) synergy by aiming for systematic complementarity between the activities of the various sectoral programmes and those supported by the other partners in development; and (d) the strengthening of partnership.

25. The country programme will comprise six sectoral programmes: health and nutrition; water, sanitation, hygiene and the environment; education; children in particularly difficult situations; advocacy; and planning, monitoring and evaluation. The first four programmes will each consist of three projects, the fifth (advocacy) will comprise two and the last will be a single-project programme. Communication and social-mobilization activities, as well as planning, monitoring and evaluation, will be cross-sectoral, covering the six sectoral programmes.

Health and nutrition

26. The programme concentrates on improving the health of children and women through the better management of health problems by the State health-care system and the communities served. It will play a part in attaining the following principal objectives: (a) reducing by 50 per cent the number of deaths caused by diarrhoea; (b) reducing by 30 per cent the number of deaths due to ARI and malaria; (c) eradicating neonatal tetanus and poliomyelitis; (d) reducing by 90 per cent the number of deaths from measles; (e) reducing the rate of low birth-weight babies to less than 10 per cent; (f) reducing the transmission of sexually transmitted diseases, particularly AIDS; and (g) reducing maternal mortality.

27. Activities will be focused essentially on: (a) strengthening primary health care (PHC) (including ORT and so forth), which will remain the priority of the programme; (b) revitalization of the referral system (district hospital) in three "pilot" districts; (c) establishing a community-based nutritional-surveillance system in the same three "pilot" districts; and (d) protecting young people against the risks inherent in early and unprotected sexual activity (in particular, in the framework of the joint United Nations programme on HIV and AIDS). This will primarily involve training activities for health-care personnel and community staff, providing essential resources for State and community health-care structures, monitoring activities, such as biannual monitoring, and activities aimed at consciousness-raising and social mobilization.

Water supply and sanitation

28. The programme aims to improve the general living environment with respect to water, sanitation, hygiene and the environment. The principal objectives are to help: (a) provide access to drinking water and sanitation systems for 360,000 people; (b) improve those people's health conditions; (c) reduce by 50 per cent the incidence of bilharziasis; (d) prevent environmental damage; and (e) improve attitudes and behaviour towards water, sanitation and the environment.

29. The programme activities will mainly focus on improving the accessibility of water and sanitation, in particular through: (a) the training of

administrative personnel and community staff; (b) information campaigns and social mobilization in the areas targeted for improvement with respect to water hygiene and the protection and preservation of the environment; (c) control of bilharziasis and continued efforts to control dracunculiasis; (d) the construction and/or renovation of water points, equipping borewells with manual pumps, extending water distribution systems and house connections to public stand posts (co-financed by the communities); (e) household-refuse disposal together with the strengthening of municipal logistic arrangements; (f) the creation of appropriate sanitation systems for public and individual use; and (g) improving the procedures for pump maintenance.

Education

30. The purpose of the education programme is to help improve basic education and adapt it to the socio-cultural conditions in the country. The principal objectives are to assist in: (a) raising the overall school enrolment rate to 75 per cent, and to 70 per cent for girls; (b) reducing the illiteracy rate to 32 per cent; (c) halving the disparities and inequalities in school enrolment between urban and rural areas, as well as intra-urban disparities; (d) improving the quality of teaching; and (e) strengthening the alternative education system.

31. The activities will be: (nationally) (a) training teachers and supervisory staff with a view to applying the revised curriculum linked to reform; (b) devising and producing appropriate teaching aids and materials; (locally) (c) motivating and mobilizing communities; (d) support for grass-roots participation in the management of educational infrastructures and equipment; and (e) the systematic collection and utilization of reliable basic data by means of surveys and studies.

Children in difficult circumstances

32. The programme aims to help to improve the living conditions and promote the development of children who are forced to beg and are victims of exploitation and exclusion. The objectives are to contribute to: (a) combating begging among the 50,000 talabah; (b) eliminating child labour in dangerous situations in urban areas; (c) the social reintegration of 10,000 street children; (d) bringing about positive change in the attitudes and behaviour of population groups; and (e) improving the data bank on target groups.

33. The activities chosen will focus on: (a) implementation of programmes for basic education and practical training and the provision of teaching materials; (b) the training of marabouts (religious teachers) and instructors; (c) mass communication and interpersonal communication in conjunction with grass-roots mobilization; (d) access of target groups to consultations and health care, drinking water, hygiene and sanitation infrastructures, and the rehabilitation of their living environment; (e) support for the implementation of income-generating projects; (f) improvement of planning, monitoring and evaluation; and (g) studies to round out the analysis of the situation of the target children.

Advocacy

34. The goal of the advocacy for women and children programme is, on the one hand, to contribute to the effective implementation of the rights of children and women and, on the other, to effect changes in attitudes and behaviour patterns in order to enable them to fulfil their potential. Its main objectives are to help to: (a) change discriminatory socio-cultural values; (b) ensure equality of the sexes; (c) transmit to women and children the knowledge and skills necessary to improve their living conditions and social status; (d) persuade the Government, development partners and the community to increase budgetary allocations for children and women; and (e) curtail practices detrimental to the health of women and young girls.

35. The following activities will be conducted: (a) efforts to raise awareness among decision makers, administrators and partners about the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and the application of the 20/20 principle, and to inform women, religious figures, youth and other actors about them; (b) media productions for local transmission, public broadcasts, reporting and magazines (radio, television, the press) and tours by the cinébus; (c) special events; (d) studies and research (audience surveys, stories and legends, etc.); (e) monitoring of the implementation of the Convention on the Elimination of All Forms of Discrimination against Women and raising awareness among decision makers and the public about practices detrimental to women; and (f) support for the completion and adoption of the national plan of action for women.

Planning, monitoring and evaluation

36. The goal of the planning, monitoring and evaluation programme is to ensure that the development of children and women is taken into account in the planning, monitoring and evaluation of government policies and programmes. The main objectives are to help to: (a) implement the national anti-poverty programme; (b) improve planning, monitoring and evaluation capacities; (c) strengthen the database on children and women and the analysis and dissemination of that data; (d) improve access to and utilization of basic services; and (e) strengthen the capacity of women and youth to undertake income-generating activities.

37. The following activities will be conducted: (a) training of partners in the field of planning, monitoring and evaluation; (b) technical support for monitoring progress towards the objectives of the decade; (c) conducting research and surveys on the database; (d) support for the identification of income-generating activities, access to credit and management training, especially for women and youth; and (e) carrying out studies and evaluations for other sectoral programmes.

Management of the programme

38. The programme will be implemented through the efforts of the various ministries in charge of each sectoral programme, with the involvement of community associations, the support of certain United Nations agencies, other donors and national and international non-governmental organizations. In this

way, coordination will be ensured with the other partners: for the health and nutrition programme, with the World Bank, WHO, the United States Agency for International Development, the French, Italian and Belgian cooperation agencies, the United Nations Development Programme (UNDP), the United Nations Population Fund, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the European Union; for the water and sanitation programme, with the World Bank and UNDP; for the education programme, with the World Bank, the Canadian Agency for International Development and UNESCO, and for children in difficult circumstances, the International Labour Organization and the World Food Programme. The Ministry of the Economy, Finance and Planning will provide overall coordination for the programme as a whole.

Monitoring and evaluation

39. As a result of the planning, monitoring and evaluation programme, an integral plan for regularly monitoring the execution of the entire programme will be followed. Evaluations will be undertaken during the execution or at the end of the programme. As in the previous programme, two or three monitoring and coordination meetings will be held each year with UNICEF, government partners and other participants.

Financing

40. During the period 1994-1996, the cooperation programme between UNICEF and Senegal succeeded in mobilizing an average of US$ 4.77 million per year in additional funds. This figure includes an amount of US$ 5.8 million received up to May 1996 as a result of debt conversion. The financing prospects for the new programme are good, given the credibility of current activities. The following strategies, inter alia, will be adopted for programme financing: (a) requests to external donors (Governments and national committees for UNICEF); (b) adequate allocations by the Government; (c) collaboration with such multilateral institutions as the European Union and the World Bank; (d) solicitation of funds from the private sector; (e) greeting-card sales campaigns; and (f) stimulation of community participation. The possibility of further debt conversion will also be explored.

41. All programmes will receive funding from general resources for the new cooperation period and thus will be able to start at the beginning of the period. Supplementary resources will allow the vertical and/or horizontal expansion of activities. In the event that only general-resources funding is available, priority will be given to the following activities: (a) training; information and social mobilization and community participation in all sectors; (b) strengthening of PHC and revitalization of referral systems in the pilot districts for the health programme; (c) combating dracunculiasis for the water programme; (d) increasing the school enrolment rate (especially of girls) and strengthening the alternative system for the education programme; (e) efforts to eliminate begging among talabah and providing access for children in difficult circumstances to basic services and rehabilitation of their living environment; (f) monitoring of the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women for the advocacy programme; and (g) support for the identification of income-generating activities to combat poverty for the planning, monitoring and evaluation programme.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Senegal	(1994 and earlier years)		UNICEF country classification
Under-five mortality rate	115	(1994)	High U5MR
Infant mortality rate	60	(1994)	High IMR
GNP per capita	$ 610	(1994)	Low-income GNP
Total population	8.1 million	(1994)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	205	268	324	344
Infant deaths (under 1)	(thousands)	33	36	24	21
Under-five deaths	(thousands)	57	59	45	40
Under-five mortality rate (per 1,000 live births)		278	221	140	115
Infant mortality rate (under 1) (per 1,000 live births)		163	133	75	60

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1986/1993)	Moderate & severe	22 *	20
	Severe	6 *	5
Babies with low birth weight (%, 1980)		11	..
Primary school children reaching grade 5 (%, 1980/1989)		86	88

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1993)	..	7
Timely complementary feeding rate (6-9 mos.) (%, 1993)	..	41
Continued breast-feeding rate (20-23 mos.) (%, 1993)	..	48
Prevalence of wasting (0-59 mos.) (%, 1986/1993)	6 *	9
Prevalence of stunting (0-59 mos.) (%, 1986/1993)	23 *	22
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	101	98
Total goitre rate (est.)	..	12
Household expenditure (% of total income, 1980 or 1985) All food/cereals	.. / ..	49 / 15

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1993)		..	18
Access to health services (% of population, 1985)	Total	40	..
	Urban/rural	.. / ..	.. / ..
Access to safe water (% of population, 1985/1993)	Total	53	52
	Urban/rural	84 / 25	85 / 28
Access to adequate sanitation (% of population, 1988/1993)	Total	53	58
	Urban/rural	86 / 36	83 / 40
Births attended by trained personnel (%, 1986/1992)		41	46
Maternal mortality rate (per 100,000 live births, 1990)		..	1200

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	..	32	92	71
	DPT	..	54	60	55
	Polio	..	54	66	55
	Measles	..	40	59	49
Pregnant women (%) immunized against:	Tetanus	..	8	..	32

* 6-36 months.

TABLE 1 (continued)

Senegal

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1992)	Total	46 / 37	58 / ..
	Male	55 / 44	67 / ..
	Female	37 / 30	50 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1992)	Total	11 / ..	16 / ..
	Male	15 / ..	21 / ..
	Female	7 / ..	11 / ..
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	22	33
	Male/female	31 / 12	43 / 23
Radio/television sets (per 1,000 population, 1980/1993)		65 / 1	116 / 37

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	4158	5538	7327	8102	9495
Population aged 0-15 years	(thousands)	1946	2631	3495	3812	4357
Population aged 0-4 years	(thousands)	756	1043	1321	1416	1597
Urban population (% of total)		33.4	35.9	39.8	41.6	45.1
Life expectancy at birth (years)	Total	39	44	48	50	52
	Male	38	43	47	49	51
	Female	40	45	49	51	53
Total fertility rate		7.0	6.9	6.3	5.9	5.4
Crude birth rate (per 1,000 population)		49	48	44	43	40
Crude death rate (per 1,000 population)		25	21	17	16	14

		About 1980	Most recent
Contraceptive prevalence rate (%, 1986/1993)		5	7
Population annual growth rate (%, 1965-1980/1980-1994)	Total	2.8	2.7
	Urban	3.4	3.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1973-1985/1985-1994)		-0.8	-0.5
Inflation rate (%, 1980-1985/1985-1994)		10	3
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	59 / 11
Government expenditure (% of total expenditure, 1984)	Health/education	4 / 15	.. / ..
	Defence	9	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	2 / 3
Official development assistance: (1980/1994)	$US millions	262	644
	As % of GNP	11	13
Debt service (% of goods and services exports(1980/1993)		24	5

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1996 a/

COUNTRY: SENEGAL
LATEST BOARD APPROVAL: 1995
GENERAL RESOURCES: $11,872,979

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual b/	Planned c/	Actual	Planned d/	Actual	Planned
Health	2841	2529	316	297	531	1097	836	928	4524	3643	4851	9801	9375	13444
Water supply and sanitation	726	790	51	24	76	113	488	1018	1341	2296	1945	8567	3286	10863
Education	408	672	598	505	43	143	608	1938	1657	2003	3258	7544	4915	9547
Community organization and development	2	423	0	52	-26	131	0	650	-24	0	1256	0	1232	0
Children in especially difficult circumstances	444	300	9	4	0	107	248	107	701	1,196	518	2,100	1219	3296
Social mobilization and advocacy	145	141	9	13	0	108	249	171	403	496	433	700	836	1196
Planning and social statistics	63	143	8	39	387	61	54	88	512	762	331	999	843	1761
Programme support	334	0	0	0	331	0	288	0	953	1,477	0	626	953	2103
Recovery cost	0	0	0	0	0	0	0	175	0	0	175	0	175	0
Prior cycle adjustments	0	0	0	0	0	0	0	-3	0	0	-3	0	-3	0
GRAND TOTAL	4963	4998	991	934	1342	1760	2771	5072	10067	11873	12764	30337	22831	42210

GR = General resources.
FSF = Funded supplementary programmes.
SF = Supplementary programmes, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as at 31 December 1995.
b/ Actual GR expenditure includes allocations from global funds.
c/ Includes additional general resources of $3,072,979 (E/ICEF/1995/P/L.32).
d/ Includes stand alone submissions of $2,037,000 (E/ICEF/1994/P/L.35), additional submissions of $3,500,000(E/ICEF/1995/P/L.32).

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TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: SENEGAL
PROGRAMME CYCLE: 1997-2001 (In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
HEALTH AND NUTRITION	GR	330	343	335	331	327	1,666
	FSF	221					221
	NSF	2,148	2,165	1,834	1,862	1,796	9,805
	TOTAL	2,699	2,508	2,169	2,193	2,123	11,692
WATER AND SANITATION	GR	183	154	164	148	166	815
	FSF	280					280
	NSF	1,514	1,800	1,800	1,800	1,800	8,714
	TOTAL	1,977	1,954	1,964	1,948	1,966	9,809
EDUCATION	GR	125	160	170	170	170	795
	FSF	300					300
	NSF	1,200	1,200	1,200	1,222	1,300	6,122
	TOTAL	1,625	1,360	1,370	1,392	1,470	7,217
CEDC	GR	130	130	114	130	112	616
	FSF	195					195
	NSF	500	600	600	600	505	2,805
	TOTAL	825	730	714	730	617	3,616
ADVOCACY	GR	82	45	45	45	45	262
	FSF	103					103
	NSF	377	400	400	400	400	1,977
	TOTAL	562	445	445	445	445	2,342
PLANNING, MONITORING & EVALUATION	GR	137	71	71	71	71	421
	FSF	137					137
	NSF	141	300	300	300	300	1,341
	TOTAL	415	371	371	371	371	1,899
PROGRAMME SUPPORT	GR	93	97	101	105	109	505
	FSF						
	NSF						
	TOTAL	93	97	101	105	109	505
TOTAL	GR	1,080	1,000	1,000	1,000	1,000	5,080
	FSF	1,236					1,236
	NSF	5,880	6,465	6,134	6,184	6,101	30,764
	TOTAL	8,196	7,465	7,134	7,184	7,101	37,080

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : SENEGAL
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	1,666			1,666	0	0	0	0	0	0	0	1	1	2	147.6	378.4	526.0
WATER AND SANITATION	815			815	0	0	0	0	0	0	0	1	0	1	0.0	272.6	272.6
EDUCATION	795			795	0	0	0	0	0	0	0	1	0	1	0.0	198.7	198.7
CEDC	616			616	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
ADVOCACY	262			262	0	0	0	0	0	0	0	0	0	0	0.0	38.6	38.6
PLANNING, MONITORING & EVALUATION	421			421	0	0	0	0	0	0	0	0	1	1	134.7	108.5	243.2
PROGRAMME SUPPORT	505			505	0	0	0	0	0	0	0	1	1	2	0.0	434.8	434.8
TOTAL GR	5,080			5,080	0	0	0	0	0	0	0	4	3	7	282.3	1,431.6	1,713.9
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		221	9,805	10,026	0	0	0	1	0	0	1	2	2	5	799.7	501.0	1,300.7
WATER AND SANITATION		280	8,714	8,994	0	0	0	0	0	0	0	1	5	6	0.0	574.7	574.7
EDUCATION		300	6,122	6,422	0	0	0	0	1	0	1	0	4	5	729.8	449.0	1,178.8
CEDC		195	2,805	3,000	0	0	0	0	0	0	0	1	0	1	0.0	283.4	283.4
ADVOCACY		103	1,977	2,080	0	0	0	0	0	0	0	1	2	3	0.0	375.0	375.0
PLANNING, MONITORING & EVALUATION		137	1,341	1,478	0	0	0	0	1	0	1	1	1	3	595.0	283.7	878.7
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		1,236	30,764	32,000	0	0	0	1	2	0	3	6	14	23	2,124.5	2,466.8	4,591.3
TOTAL GR & SF	5,080	1,236	30,764	37,080	0	0	0	1	2	0	3	10	17	30	2,406.8	3,898.4	6,305.2
ADM. & PROGRAMME SUPPORT BUDGET		Operating costs		2,586.4													
		Staffing			0	1	1	1	0	0	3	2	9	14	2,579.0	2,404.3	4,983.3
GRAND TOTAL (GR+SF+ADM)					0	1	1	2	2	0	6	12	26	44	4,985.8	6,302.7	11,288.5
Number of posts and staff costs:																	
Current programme cycle											7	10	29	46			
At the end of proposed programme cycle (indicative only)											6	12	26	44	4,985.8	6,302.7	11,288.5

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.